EMERGENCY NOTIFICATION DATA

PERSONAL INFORMATION

DATE

LAST NAME	FIRST NAME	CAP RANK	CAP ID
ADDRESS	CITY	STATE	ZIP CODE
WEIGHT	CELL PHONE - YES / NO	CELL PHONE NO	

CIVIL AIR PATROL UNIT INFORMATION

UNIT CHARTER NO.	UNIT NAME	UNIT LOCATION (City / ST)
UNIT COMMANDER'S NAME	CAP RANK	TELEPHONE (Primary)
UNIT ADDRESS		TELEPHONE (Secondary)
COMMENTS		TELEPHONE(Nights-Weekends)

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME (Mr., Mrs., etc.)	RELATIONSHIP	TELEPHONE (Primary)
ADDRESS	CITY / STATE / ZIP	TELEPHONE (Secondary)
COMMENTS		TELEPHONE(Nights-Weekends)

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN		TELEPHONE	
PHYSICIAN'S ADDRESS	CITY	STATE	ZIP CODE
BLOOD TYPE			
PERTINENT MEDICAL DATA (Allergies, Diseases, C			